



HIGH POWER SOCCER REGISTRATION FORM

Child's Name: _____

Parent/Guardian name(s): _____

Parent/Guardian primary phone: Secondary phone: _____

Mailing address: _____

Home e-mail address: _____

Child's birth date: _____ Gender: _____

Child's T-shirt size: _____

Church your family attends (if any): _____

In case of emergency (when the parent/guardian cannot be reached) the church should contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies, medical or other special conditions the High Power team should be aware of:

The person responsible for picking up this child at the end of each camp day is:

Name: _____

Telephone: _____

Relationship to child: _____

Please enclose a registration fee of _____ (which covers the cost of soccer training and daily snacks and includes a camper soccer ball, water bottle, T-shirt, Power Kick! camper booklet, Wordless Gospel Wristband and sweatband).

Return the fee along with this form and the medical release form (attached) to the church address by to ensure this special rate.

Signature of Parent/Guardian

Date